In the absence of adequate or irreparable labral tissue, acetabular labral reconstruction has shown promising short-term results in recent literature. Reconstruction of the labrum helps to restore the anatomy and suction seal that helps maintain intra-articular fluid in the joint. Several articles supporting favorable patient outcomes are summarized below.

- Survivorship, defined as no conversion to arthroplasty, was 80% at 3-year follow-up and 77% at 4-year follow-up.
- Patients reported improvement in function and high satisfaction with outcome.
- A contraindication for acetabular labral reconstruction is 2 mm or more of joint space which indicates articular cartilage wear and may result in less favorable outcomes.

- Two-year outcomes revealed overall patient satisfaction of 9 (range, 1-10).
- The study suggests that labral reconstruction restores the natural hip anatomy in terms of fluid pressurization found in the hip.

- Labral reconstruction is an effective procedure for hips with an insufficient and nonfunctional labrum.
- Labral reconstruction may be superior to segmental labral resection.

- Demonstrated vascular ingrowth in all layers of the graft after 8 weeks from index surgery.
- Evidence of graft vascular ingrowth represented by small vessels with a thin muscular wall and cellular migration represented mainly by mature fibroblasts.

- Compared patients who underwent primary labral reconstruction in one hip and primary labral repair in the other.
- 31% of primary labral repairs failed (revision surgery) and none of the primary labral reconstruction patients failed.
- Study limitations are that this is a single surgeon, the repairs were performed earlier in the surgeon’s career than the reconstruction, and the sample size of 29 patients (58 hips) is relatively small.
- Controversial topic in hip arthroscopy and most surgeons feel that primary labral repair is still preferred over primary labral reconstruction.